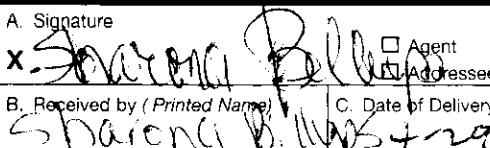


- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID BILLUPS
601 DEWDROP CIRCLE
APT. H
CINCINNATI, OH 45240

A. Signature		<input checked="" type="checkbox"/> Agent
		<input checked="" type="checkbox"/> Addressee
B. Received by (Printed Name)		C. Date of Delivery
Sharien Billups		4/29/2004
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No		
E. Service Type		
<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail		
<input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise		
<input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.		
F. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

2. Article Number
(Transfer from service label)

7002 0860 0006 5229 8740

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box

CLERK, U.S. DISTRICT COURT
100 E. FIFTH STREET
ROOM 324
CINCINNATI, OH 45202

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